

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

33886-a

1. PLACE OF DEATH

County Newton

Registration District No. 611.126

Township 5

Primary Registration District No. 5-812

City Seneca (No. 14)

File No. 14

Registered No. 14

St. Seneca Ward 14

2. FULL NAME

(a) Residence, No. Seneca St. Seneca Ward. Seneca

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Seneca

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 75

7. AGE YEARS 58 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Richard Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Emley M. Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Emley Green

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seneca DATE 10/27/33

19. UNDERTAKER (ADDRESS) Norman E. Mitchell

20. FILED 3-29-1934 Merle Sparlin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Oct 26 1933. I last saw him alive on Oct 25 1933. Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

Uterine Cancer & complications

Other contributory causes of importance:

Name of operation 48 Date of 48

What test confirmed diagnosis? 48 Was there an autopsy? 48

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 48 Date of injury 48

Where did injury occur? 48 (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 48

Nature of injury 48

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Seneca, Mo.

